

## PART B - FEE(S) TRANSMITTAL

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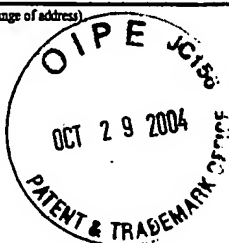
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

07/29/2004

Charles E. Dunlap  
 P.O. Box 11070  
 Columbia, SC 29211-1070



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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

James E. Davis (Depositor's name)  
 (Signature)  
 October 29, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/729,794	12/05/2003	David R. Anderson	18438/09040 (01115/4)	2274

TITLE OF INVENTION: METHOD OF MAKING TRICYCLIC AMINOCYANOPYRIDINE COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
AULAKH, CHARANJIT	1625	546-089000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patricia G. Keller

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pharmacia Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chesterfield, MO

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

James E. Dunlap

10/29/2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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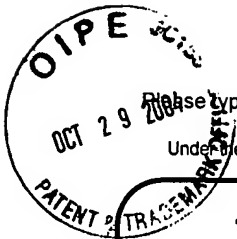
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/729,794	
	<b>Filing Date</b>	December 5, 2003	
	<b>First Named Inventor</b>	David R. Anderson	
	<b>Group Art Unit</b>	1625	
	<b>Examiner Name</b>	Charanjit Aulakh	
<b>Total Number of Pages in This Submission</b>	3	<b>Attorney Docket Number</b>	01115/4/US (6794-000168/US)

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Part B - Fee Transmittal</b>  <input checked="" type="checkbox"/> <b>Fee Attached</b>  <input type="checkbox"/> <b>Amendment / Response</b>  <input type="checkbox"/> <b>After Final</b>  <input type="checkbox"/> <b>Affidavits/declaration(s)</b>  <input type="checkbox"/> <b>Extension of Time Request</b>  <input type="checkbox"/> <b>Express Abandonment Request</b>  <input type="checkbox"/> <b>Information Disclosure Statement</b>  <input type="checkbox"/> <b>Certified Copy of Priority Document(s)</b>  <input type="checkbox"/> <b>Response to Missing Parts/ Incomplete Application</b>  <input type="checkbox"/> <b>Response to Missing Parts under 37 CFR 1.52 or 1.53</b>	<input type="checkbox"/> <b>Assignment Papers (for an Application)</b>  <input type="checkbox"/> <b>Drawing(s)</b>  <input type="checkbox"/> <b>Licensing-related Papers</b>  <input type="checkbox"/> <b>Petition</b>  <input type="checkbox"/> <b>Petition to Convert to a Provisional Application</b>  <input type="checkbox"/> <b>Power of Attorney, Revocation Change of Correspondence Address</b>  <input type="checkbox"/> <b>Terminal Disclaimer</b>  <input type="checkbox"/> <b>Request for Refund</b>  <input type="checkbox"/> <b>CD, Number of CD(s) _____</b>	<input type="checkbox"/> <b>After Allowance Communication to Group</b>  <input type="checkbox"/> <b>Appeal Communication to Board of Appeals and Interferences</b>  <input type="checkbox"/> <b>Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</b>  <input type="checkbox"/> <b>Proprietary Information</b>  <input type="checkbox"/> <b>Status Letter</b>  <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b>  <b>Return Receipt Postcard</b>				
<table border="1"><tr><td><b>Remarks</b></td><td></td></tr><tr><td colspan="2"><b>Via Express Mail Label No. EV 327051199 US</b></td></tr></table>			<b>Remarks</b>		<b>Via Express Mail Label No. EV 327051199 US</b>	
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	James E. Davis, PTO Reg. No. 47,516 Harness, Dickey & Pierce, P.L.C.
<b>Signature</b>	
<b>Date</b>	October 29, 2004

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450			
on this date: <u>October 29, 2004</u>			
<b>Typed or printed name</b>	James E. Davis		
<b>Signature</b>		<b>Date</b>	October 29, 2004

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